#### TITLE 836 INDIANA EMERGENCY MEDICAL SERVICES COMMISSION

## **Economic Impact Statement**

LSA Document #10-628

NOTE: The Economic Impact Statement for LSA Document #10-628, posted at <u>20110302-IR-836100628EIA</u>, was revised and resubmitted for publication.

# <u>IC 4-22-2.1-5</u> Statement Concerning Rules Affecting Small Businesses Estimated Number of Small Businesses Subject to this Rule: 60

With respect to the proposed rule posted at <u>20110302-IR-836100628PRA</u>, this estimate is based on the number of ambulance providers who provide emergency medical services transport that are nongovernmental entities and are small businesses as that term is defined in <u>IC 4-22-2.1-5</u>. A nontransport provider is not required to have its medical director create the protocol because, by definition, such nontransport provider does not transport patients.

# Estimated Average Annual Reporting, Record Keeping, and Other Administrative Costs Small Businesses Will Incur for Compliance:

The rule contains two requirements as follows:

- (1) The ambulance provider shall have its medical director establish a protocol that details the trauma field triage and transport destination procedures for the provider, based on the version of the National Trauma Triage Protocol as originally published in Centers for Disease Control and Prevention, Guidelines for Field Triage of Injured Patients-Recommendations of the National Expert Panel on Field Triage, MMWR 2009;58 (No. RR-1):1-35, as recommended by the ACS, in effect on the date that the patient was provided with emergency medical services.
- (2) Each provider that provides emergency medical services transportation services shall provide a copy of its protocol to every emergency medical services nontransport provider in the transportation provider's response area.

In order to comply with the first requirement above, the estimated administrative cost incurred by the 60 small businesses is less than \$1 per provider. This cost estimate is based on the following:

- a. Providers already are required to have a medical director under the current rules of the Commission at 836 IAC 1-2-1(e), so no additional cost is associated with the obtaining the services of a medical director.

  b. Each provider is already required to have their medical director create protocols pursuant to 836 IAC 1-2-
- c. A draft recommended content of the protocol has been made available to providers and their medical directors by the Commission via the website for the Indiana Department of Homeland Security, Division of Preparedness and Training at:

http://www.in.gov/dhs/files/trauma field triage draft3.pdf

As a result, every medical director has the option of using that draft, without having to write a brand new protocol. d. A survey of small businesses on behalf of the Commission by the Indiana Department of Homeland Security, Division of Preparedness and Training identified the estimated cost for the preparation of the protocol to be either no cost (the majority) or minimal cost for a medical director fee (only one respondent). In order to comply with the second requirement above, the estimated administrative cost incurred by the 60 small businesses is less than \$60. This cost estimate is based on a survey of small businesses on behalf of the Commission by the Indiana Department of Homeland Security, Division of Preparedness and Training that identified the estimated cost for the copy to be supplied to nontransport providers to be either no cost or a slight printing cost. The total cost for all 60 providers is estimated to be less than \$60.

#### Estimated Total Annual Economic Impact on Small Businesses to Comply:

Once the initial administrative costs have been incurred, annual costs to providers are expected to be minimal. Providers are not required to make any changes to their protocol under either the proposed rule or under the current rules of the Commission. It is entirely likely that, based on the survey, there will be no annual economic impact on the 60 small businesses.

### **Justification Statement of Requirement or Cost:**

The requirement for the creation of the protocol is expressly contained at <u>IC 16-31-2-7</u>(4). The requirement for the distribution of the protocol to nontransport providers in the transportation providers' response area is determined by the Commission to be essential to accomplish the purpose of the required protocol.

## **Regulatory Flexibility Analysis of Alternative Methods:**

(A) Less stringent compliance or reporting requirements:

Date: Mar 23,2022 11:35:42AM EDT DIN: 20120307-IR-836100628EIA Page 1

- The statute requires [sic] the imposition of the protocol. There is no less stringent method of compliance.
- (B) Less stringent schedules or deadlines for compliance or reporting requirements: The statute has been in place since 2008 and providers have had access to the recommend draft protocol since 2009, so the deadline for compliance is as flexible as possible while still complying with the statutory mandate.
- (C) The consolidation or simplification of compliance or reporting requirements: The protocol requirement and the distribution requirement are as simple as possible while still complying with the statutory mandate.
- (D) Establishment of performance standards: The statute mandates the protocol as a prescriptive requirement and there is no performance-based alternative. The distribution of the protocol to nontransport providers in the transportation providers' response area may be accomplished by any means that accomplishes the receipt by the relevant nontransport providers. The rule does not limit the ways in which the distribution may be accomplished.
- (E) Exemption of small businesses from part or all of the requirements or costs:

  The statute does not permit the exemption of small businesses from compliance.

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